STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIED		EXMEDICATO SERVICES 45 [XII) PROVICERSUPPLIERICLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LECTRISTICATION / J TT	OMB NO. 09384 (X3) DATE SURVE COMPLETED		
	•	445511	B. WING			COM.	h(%16D
NAME OF	PROVIDER OR SUPPLIES	1			TREET ADDRESS, CITY, STATE, ZIP CODE	09/	28/2016
LIFE CA	RE CENTER OF OOI	LTEWAH		6	1911 SNOW HILL ROAD DOLTEWAH, TN 37363		, , , , , , ,
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	<u> </u>	-			five-
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	X	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION REGISTRES CROSS REFERENCED TO THE APPROPRIA DEFICIENCY)	ne:	COMPLETION DATE
K 052	NFPA 101 LIFE SA	AFETY CODE STANDARD	Ko	62	1)What corrective action(s) will be		
\$ 9= F	A fire alarm avalen	n raquired for life paterly shall	Ĭ.		accomplished for those residents fo∟	ınd 🏻	
	i NEPA 70 Netional	intelligit in accordance with		i	to have been affected by the deficier practice.	nt 🕴	ļ G
_3	National Fire Alam	Code and pecesis land mustic		ļ	A licensed contractor relocated smol	m 1	•
• .	FERNANC. THE EVE	ell shall have an enriqued		į	detectors on 10/07/16 and 10/14/16		
	applicable requirer	esting program complying with nent of NFPA70 and 72		- 1	ensure they were at least 3-feet from	- 1	
1	3 9. 6 .1.4. 9.6.1.7			ı	flow. These locations included:	1211	
į	This STANDARD	it in met as evidenced by flor and interview, the facility		Ì	1. Clean linen 300 hallway.	ŧ	
	Taked to ensure on	Dios detectors were at leget		Í	2. Janitor's closet on the 300 hallway	 	
!	3-feet from air flow	a transmit in der Lander des maines an mitter stifferente bie bei		ł	3. Storage room by resident room 22		
	The findings includ	i 1		Ì	4. Janitor's closet by resident room 1		
:	1	₹.		ļ	5. Soiled utility on the 100 hallway.	1	10/28/16
i. 4%	Observation and in	terview with the maintenance		 }	2) How you will identify other residen	ite i	
	Parector, on w26/16	between 1:12 PM and 3:00		- 1	having the potential to be affected by		
	locations are within	Steet of air flow		į	the same deficient practice and what		
5	÷				corrective action will be taken.	Ì	n
į	1. Clean linen 300 2. January elovier	hallway, on the 300 harnyay,			On 10/07/16 the Maintenance Direct	or la	
1	3. Storage room t	N resident mom 224			and a licensed contractor reviewed	74	
	4. Janitors closet	by resident mom 104 💮 🤼			facility smoke detectors to ensure the	ev 🎚	
	5. Solled utility on	the 100 hallway.			were at least 3-feet from air flow. Th		
	(NFPA 101, 9.6.4	1.4, 9.6.1.7, NFPA 72, 2-3.6.1) 🖔			licensed contractor relocated the	- I	
	ı	[]			smoke detector on 10/07/16 and	4	-
ł	director and school	verified by the maintenance dedged by the administrator		Ī	10/14/16 in four additional locations.	- 1	
Ĭ	STIC COMPORTE OF NUM	I the exit conference on		F)	These locations included:	3	,
	9/26/16.	3			1. Communication room on front hall.	. ‡	:
55=D	NEW 101 LIFE SAF	FETY CODE STANDARD	K 068		2. Work room on front hall.	3	
<u>I</u>	There is an automa	to sprinkler eyelern installed			3. Storage room on 100 hall.	1	į
į	IN BICCOMBRIGO WILL	NPPA13 Standard for the			4. Clean utility room on 100 hall.	\{ 1	0/28/16)
	e occurrent of Spirit	der Systems, with approved and equipment, to provide		į.	•	1	J, 20/10
ORATIORY	DESCRIPTION OR PROVIDE	HEAT HE HELDER TO BEGIN	P) 14-1-	٠,	<u> </u>	Ÿ.	.
Tiana		CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	· UKE		Executive Director	UKB	DATE

other sefeguards provide sufficient protection to the persons a decision which the institution may be excused from connecting processor it is determined that following the class of surprise provided by the class of part of part of control are disclosured by the class of part of part of controls are made available to the facility. If deficiencies are older, an approve a plan of controls a requisite to controls a requisite to controls and part of controls are controls as a control of the controls are controls as a control of the controls are controls as a control of the control of the controls are controls as a control of the con

FORM CMS-2597(02-99) Provious Versions Obsoble

Event ID: QDFM21

Facility (O: TN8817

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/29/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED MB NO. 0998-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA 0/2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DAL DATE BURVEY IDENTIFICATION NUMBER: A BUILDING Of - MAIN COMPLETED 445511 e wing 09/26/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5911 SNOW HILL ROAD LIFE CARE CENTER OF COLTEWAH OOLTEWAH, TN 37363 PROVIDERS PLAN OF CORRECTION SECURITIES PLAN OF CORRECTION SHOULD BE CROSS REFERENCED TO THE REPROPRIATE DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (KA) IO PREFIX PREFIX (XB) COMPLETION DATE TAG K052 F Continued NFPA 101 LIFE SAFETY CODE STANDARD K 052 K 052 ' SS≃F A fire slamm system regulard for life safety shall be, tested, and maintained in accordance with 3) What measures will be put into place NFPA 70 National Electric Code and NFPA 72 or what systematic changes you will National Fire Alarm Code and records kept readily make to ensure that the deficient available. The system shall have an approved practice does not recur. melintanence and testing program complying with applicable regularment of NFPA70 and 72. The Maintenance Director or designee 9.6.1.4, 9.6.1.7. This STANDARD is not met as evidenced by: will review facility smoke detectors monthly for three months to ensure they Based on observation and hiterview, the facility failed to ensure smoles detectors were at least are at least 3-feet from air flow. Any 3-feet from air flow. modifications necessary following this: review will be completed by a licensed The findings include: contractor. 10/28/16 Observation and interview with the maintenance 4) How the corrective action(s) will be director, on 9/26/16 between 1:12 PM and 3:00 PM revealed smoke delectors in the following monitored to ensure the deficient locations are within a feet of air flow. practice will not recur. The Maintenance Director will present Clean linen 300 hallway. findings of the monthly smoke detector 2 Jenifors closet on the 300 holivay. 3. Storage room by resident room 224. review to the facility Performance 4. Janitors closet by resident room 101. Improvement (PI) Committee. This Solled utility on the 100 hallway, .6. committee consisting of the Executive (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) Director, Director of Nursing, Medical Director, Director of Maintenance, These findings were verified by the maintenance Director of Rehab, Health Information director and acknowledged by the administrator Management Director, Director of Food and corporate during the exit conference on '9/26/18[°]. and Nutrition Services, Director of K 056 NFPA 101 LIFE SAPETY CODE STANDARD K 056 Environmental Services, Director of SS=D Social Services, Business Office There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Manager, Director of Admissions and Installation of Sprinkler Systems, with approved Director of Activities will review the domponents, device and equipment, to provide

Any deficiency statement and no with an arbitrat (") demons a volidancy which the inspection may be excused from correcting providing a to described that the posterior provide authorist provide authorist provided the posterior is provided. For nursing former, the shortest address are disconsisted that days are disconsisted to a put of correction is provided. For nursing fromer, the shortest and plant of correction is provided. For nursing fromer, the shortest and plant of correction are disconsisted to days following the data these documents are made available to the feeling. If describing are also an approved plant of correction is requisite to constant.

FORM CMS-2507(02-99) Previous Varatore Obsobels

Heave

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

EVANUED: QDFM21

Facility ID: TN9317

Executive Director

If continuation sheet Page 1 of 3

10/20/18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND PLAN OF CORRECTION AND COMPLETE COMPLETE COMPLETE STREET ADDRESS, CITY, STATE, 2P CODE SOIL STANDARD IN 37353 PRESENT ADDRESS, CITY, STATE, 2P CODE SOIL STANDARD IN 37353 A fire sizem system required for life safety shall be, tasked, stid maintenance and location of code and NFPA 72 Netheral Fire Alarm Scale and floored kept headily analysis. The system shall plan us a supposed maintenance and location of and interview with the maintenance director, an size of the supposed plans of special strengths and strengths and therefore and shall review, the facility falled so because and treview with the maintenance director, an size of the supposed plans of special strengths and s	CENTE	TMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES EMEDICAID SERVICES			PRINTED: 09/29/201 FORM APPROVE
LIFE CARE GENTER OF COLTEWAH LIFE CARE GENTER OF COLTEWAH COLID (A) ID (EACH DEPENDENCIES BY PERCENCIES (EACH DEPENDENCIES MANUALITY TO 3755) RECOLLARORY OR IS GIVENTEYING INFORMATION) K 032 INFPA 101 LIFE SAFETY CODE STANDARD A fire discret system required for life safety shall be, healted, still maintained in accordance with HYPA 70 Abritonal Electric Code and NIPPA 72 Yesting in the proposed maintained in sacrogramor with HYPA 70 Abritonal Electric Code and NIPPA 72 Yesting in required for life safety shall be, healted, still maintained in sacrogramor with HYPA 70 Abritonal Electric Code and NIPPA 72 Yesting in the plant of Safety for the safety shall be a health of safety ground mounthing with applicable requirement of NIPPA 79 abrit 72 3.6.1.4, 3.6.1.7. This STANDARD shall have an approved maintained as included: Observation and interview with the maintained director and acknowledged by the administrator and comparison by resident from 101. C Soled utility on the 100 halway. (NIPPA 101, 9.6.1.4, 9.8.1.7, NIPPA 72, 2.3.6.1) These findings were verified by the administrator and corporate during the exit contenace on 3220110. K 086 NIPPA 101 LIFE SAFETY CODE STANDARD SS-D There is an automatic sprinkler system installed in accordance with NIPPA 73, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to crevite the installation of Sprinkler Systems, with approved components, device and equipment, to crevite the installation of Sprinkler Systems, with approved components, device and equipment, to crevite.	STATEMEN	TOP DEFICIENCIES	(XII) PROVIDER/SUP/II IEDVOLIA			OVE NO 0938-039 (X2) DATE SURVEY
LIFE CARE CENTER OF COLTEWAH SIMILARY STATEMENT OF DEPOCEDAGE ON IT COLOR OF CHART STATEMENT OF DEPOCEDAGE (CACA DEPOCENCY MAST BE PRECEDED BY FULL TAG TAG NECKLARION FOR ILSE CHART IN MINORALATION) A fire aligne system requires for the sealety shall be, usated, and maintened in accordance with NPPA 70 National Electric Code and NIPA 72 Netional Fire August Equipment of the preceded system in the state of the preceded systems o	<u> </u>		445511	B. WING		
LIFE CARE GENTER OF COLITEWAH COLITEWAL, TO 37365 RECOMBRIDGE PLAN OF CORRECTION OF CONTROL OF CON	NAMEOF	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE ZIP COO	09/26/2016
SUBJECT OF STATEMENT OF DEFICENCIES PRINTING STATEMENT OF DEFICENCIES PRINTING STATEMENT OF CONTRICTIONS OF THE STATEMENT OF THE STATEMENT OF STATEMENT OF CONTRICTIONS OF THE STATEMENT OF THE S	LIFE CA	RE CENTER OF OOL	rewah	ľ	6911 SNOW HILL ROAD	•
K 032 NFPA 101 LIFE SAFETY CODE STANDARD A fire signor system required for life safety shall be, tasked, and makinghed in accordance with NFPA 70 National Electric Code and NFPA 72 Newtonal Fire Alarm Code and NFPA 72 Newtonal Fire	()\$4) []	SUMMARY STA	TEMENT OF DEPICIENCIES	~		- New York of the Control of the Con
A tire align system required for life safety shall be, tabled, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 Netherral First Alarm Sacks and secrets kept treadily available. The system shall share an approved maintained and a remain the shall share an approved maintained and a remain to shall shape an approved maintained and a remain to shall shape and treatily along an approved maintained and a remainder of NFPA72 and 72. 9.6. 1.4, 9.6. 1.7 The STANDARD is not met as existenced by: Based on observation and interview with the maintenance director, an 9/20/16 between 1:12 PM and 3:00 PM revealed entire defactors in the following control of the state of		(EACH DEFICIENC) REQUILATORY OR L	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	. PREFIX	OROSS REFERENCES TO THE THE	
A tire atom system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Five Alarm Scale and secure integrating drops and secure and secure integration and stream of the state integration and stream of the state integration and interview into facility falled to extra state and interview with the maintenance director, and state of the sta		NFPA 101 LIFE SA	FETY CODE STANDARD	Î € K0	K052 F Continued	
inc., traited, and maintained in accordance with NFPA 70. National Electric Code and NFPA 72. Nettoral Fire Alarm Code and nerview with NFPA 72. Nettoral Fire Alarm Code and nerview are noted to be non-compliant. This will provide the fire training control of the provided maintained and require approved maintained and require approved maintained and require and require and provided maintained and require and re	55≃F		the control of the co	i		ndations
NEPA 70 National Electric Code and NIPA 72 Netional Fire Atam Scales and records kept readily available. The system shall have an approved maintenance and teating program complying with appricable registeration of NIPA76 and 72 9.6.1.4, 9.6.1.7. This STANDARD is not met as extenced by: Based on observation and interview the facility falled to ensure sincke detactors were at east 3-feet from air flow. The findings include: Observation and interview with the maintenance director, on 9/26/16 between 1:12 PM and 3:00 PM revealed exteric detactors in the following observations are within 3 tops of air flow. 1. Clean linen 300 heliway. 2. Juntions close to president room 101. 5. Solied utility on the 100 hallway. (NFPA 101, 9.5.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/28/16. K 066 SS=D There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment to provide accomplished for those residents found to have been affected by the deficient practice.		i be, tastad, and mak	Mained in accordance with	· ·	and develop plans of action it	f any areas
Nettornal Fire Alarin Gode and records kept headily available. The system shall have an approved maintanence and reasing program complying with applicable requirement of NFPA76 and 72. 9.6.1.4, 9.6.1.7. This STANDARD is not met as extremed by: Seed on observation and interview, the facility falled to ensure anothe districts were at least 3-feet from air flow. The findings include: Observation and interview with the maintenance director, on 9/26/16 between 1:12 PM end 3:00 PM revealed ended districts in the following socializations are within 3 feet of air flow; 1. Clean linen 300 hallway, 2. transact edgest on the 300 hallway. 3. Sporage room by resident room 101. 5. Solied utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment to provide	. ;	NFPA 70 National E	lectric Code and NFPA 72	j	are noted to be non-complian	ıt. This will∮ 10/28/16
Second an observation and interview with the maintenance director, on 9/26/16 between 1:12 PM and 3:00 PM revealed entoke detectors were at least director, on 9/26/16 between 1:12 PM and 3:00 PM revealed entoke detectors in the following stations are within 3 feet of air flow. 1. Clean linen 300 hallway. 2. Janifors closet on the 300 hallway. 3. Storage from the soot intervey. 3. Storage from the soot intervey. 4. Janifors closet by resident room 101. 5. Solied utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the administrator and corporate during the exit contenance on 3/26/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to provide	4,	Netional Fire Alann available. The syste	Code and records kept readily to that have as accoming		occur monthly.	
This STANDARD is not met as existenced by: Based on observation and interview, the facility father to ensure another detactors were at these 3-feet from air flow. The findings include: Observation and interview with the maintenance director, on 9/26/16 between 1:12 PM and 3:00 PM revealed strictle datactors in the following scatters are within 3 feet of air flow; 1. Clean linen 3:00 hallway. 2. Springe from by resident room 101. 5. Solied utility on the 1:00 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the administrator and corporate during the exit conference on 9/26/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and soutiment to ormyide	.) 11	Schroops teanism	ent of NFPA70 and 72.	1		
3-feet from air flow. The findings include: Observation and interview with the maintenance director, on 9/26/16 between 1:12 PM and 3:00 PM revealed strategy detectors in the following totalbus are within 3 feet of air flow. 1. Clean linen 3:00 hallway. 2. Janitors closet on the 350 hallway. 3. Storage from by resident room 224. 4. Janitors closet by resident room 101. 5. Solied utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the administrator and corporate during the exit conference on 9/26/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and soutpment, to crowide		THIS STANDARD &	but met as evidenced by			
Observation and interview with the maintenance director, on 9/26/16 between 1:12 PM and 3:00 PM revealed and a detectors in the following locations are within 3 feet of air flow; 1. Clean linen 3:00 hallway, 2. Jantions closest on the 3:00 maintenance, 3. Storage region by resident room 224. 4. Jantions closest by resident room 101. 5. Solied utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and soutpment to oppose	*	falled to ensure emo	Are delactors were at least		· ·	-
Circetor, on 9/26/16 between 1:12 PM end 3:00 PM revealed enrole detactors in the following locations are within 3 feet of air flow; 1. Clean linen 300 hallway, 2. Justions closet on the 300 hallway. 3. Storage from by resident room 224. 4. Jahibors closet by resident room 101. 5. Solied utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.8.1.7, NFPA 72, 2-3.6.1) These findings were verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16. K 056 1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	1	The findings include	:	F S		
2. Janitors closet by resident room 224. 4. Janitors closet by resident room 101. 5. Solled utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.6.1) These findings were verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/28/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accomplance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to provide	, K	PM revealed stucks	between 1:12 PM and 3:00			
These findings were varified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/28/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to provide		 Janifors closet q Storage room by Janifors closet b 	n We 300 helikey. Resident room 224. V resident room 101.			
director and acknowledged by the administrator and corporate during the exit conference on 9/28/16. K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to provide	ĺ	(NFPA 101, 9.6.1.	.4, 9.6.1.7, NFPA 72, 2-3.6.1)			
K 056 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to provide	Į.	director and acknowledge during	edged by the administrator of			
There is an automatic sprinkler system installed in accomplished for those residents found in accordance with NFPA13, Standard for the installation of Sprinkler Systems, with approved components, device and equipment, to provide			ETY CODE STANDARD	א מפני	1) What corrective action(a) will	ho
In accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved practice.	SS=0 [n 1000		
Installation of Sprinkler Systems, with approved practice.	1	i nere is an automatk In eccordance with N	C Sprinkler system installed			
SORATORY DIRECTOR'S OR PROVIDENSOPPLIER REPRESENTATIVES SIGNATURE	:: (installation of Sprinki components, device :	er Systems, with approved if		•	alciolit 1
	BORATORY I	DIRECTOR'S OR PROVIDE	COUPPLIER REPRESENTATIVES SIGN	ATURE	TITLE	CONTRACTOR OF THE PARTY OF THE

Executive Director boldening with an authoris (*) denotes a cladescrop which the institution may be accounted from converting providing it is determined their substitution may be accounted from converting providing it is determined their following the title of survey whether or not a plant of converting to providing the title of survey whether or not a plant of converting to providing the title of survey whether or not a plant of converting the factor time date there declarates are made available to forestion are disclosured by program participation.

FORM CMS-2587 (02-99) Previous Versions Obsolete

Event ID: Q0FM21

Facility IO: TN9317

If continuation sheet Page 1 of 3

CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEFICIENCIES WITH PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· L.	H F AANOTALIATEL	COMPLETED	
		445511	B. WING	<u> </u>	22N2 P. 15	
NAME OF PROVIDER OR SUPPLIER			<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	09(26/2016	
UFE CAI	RE CENTER OF COL	TEWAH	1	5811 SNOW HILL ROAD COLTEWAH, TN 37363		
(X4) ID. PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPÉRENCED TO THE APPROPRIA CÉFICIENCY)	COMPTENIO	
K 056	Continued From pa	ige 1	KOSE	K056 D Continued		
		of all portions of the facility.	1 1000	A licensed contractor installed a	1	
. 4	Systems are equip-	ped with waterflow and tamper		sprinkler head in the electrical room	on 3 10/28/1	
	switches, which are avatem. In Type I a	connected to the fire alarm nd II construction, alternative		the 300 hallway on 10/20/16.	4	
	protection measure	s shall be permitted to be	1	\$2) How you will identify other reside	nts 🕆	
1	substituted for apmi	ilder protection in specific	i	having the potential to be affected b	y the	
3	sprinklers, 18,3,5, 1	or local regulations prohibit		same deficient practice and what	.	
	This STANDARD	a not met as evidenced by:		corrective action will be taken.		
	Based on observal	and finerview, the facility		i On 10/14/16 the Maintenance Direc	tor ‡	
	talled to ensure all :	areas were sprinkled.	. ·	and Executive Director reviewed the	4.	
3	The findings include	B;	}	facility to ensure all areas are sprink	. P	
4	Ohana	hamatana a Mila di) 	A licensed contractor will install a		
. 1	director, on 9/28/18	terview with the maintenance at 1:06 Plut revealed the	l ā	sprinkler head on 300 hall on 10/20	/16. 10/28/1	
	sprinkler coverege:	he 300 hallway does not have	I I	3)What measure will be put into place	e l	
. 1		e printe show sprinkler	Å 1	or what systematic changes you will	L'	
	coverage in this roo	ım.	Ĩ	make to ensure that the deficient		
- 1	(MEPA 101, 18.3.5,	18.3.5.1, 9.7, NFPA 13, 6-1.1)		practice does not recur.	· •	
	This finding was ve	rified by the maintenance	ł	The Maintenance Director or design	ji. na li	
. 1	director and acknow	viedged by the administrator	É	; will review facility sprinkler system	90	
	9/26/16.	g the exit conference on	ķ	monthly to ensure all areas of the	4	
K 062		FETY CODE STANDARD	K 062	facility are sprinkled. Any modificati	nned	
SS≒F	er en	- Alleria and Addition		necessary following this review will i		
1	Automatic sprinkler systems are continuously maintained in reliable operating condition and are		[·	completed by a licensed contractor.	10/28/1	
.]	inapected and tests	d periodically. 18.7,6, 19.7.6,	i. F	4) How the corrective action(s) will b	-31	
1	4.6.12, NFPA 13, N	FPA 25, 9.7.5		(4) now the corrective action(s) will be action(s) will be action(s).	ie ::	
*	LINE STANDARDS N	riot met as avidenced by: view, the facility falled to	:	4 *	1	
1	ensure the aprinkler	system was maintained in	į.	î practice will not recur.		
3	reliable operating co	andition.		The Maintenance Director will presen	nt 🖟	
			1;	The second secon	. •	

The findings include:

The Maintenance Director will present findings of the monthly smoke detector

review to the facility Performance

PRINTED: 09/29/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE A MEDICAID SERVICES OMB NO. 0938-030 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (K1) PROVIDER/SUPPLIER/CLIA (XX) MULTIPLE CONSTRUCTION YAVALUS STACK (EX IDENTIFICATION NUMBER: A BUILDING 01 - MAIN COMPLETED 446511 B. WING 09/26/2018 NAME OF PROVICER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 0811 SNOW HILL ROAD LIFE CARE CENTER OF OOLTEWAH OOLTEWAH, TN 37383 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XD) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY K 058 K056D Continued Continued From page 1 K 066 complete coverage of all portions of the facility. Improvement (PI) Committee. The Systems are equipped with waterflow and tamper: committee consisting of the Executive switches, which are connected to the fire alarm Director, Director of Nursing, Medical system, in Type I and II construction, alternative protection measures shall be permitted to be Director, Director of Maintenance, substituted for sprinkler protection in specific Director of Rehab, Health Information areas where State or local regulations prohibit Management Director, Director of Food sprinklers, 18.3.5, 18.3.5.1.
This STANDARD is not metas avidenced by: and Nutrition Services, Director of Based on observation and interview, the facility Environmental Services, Director of failed to ensure all areas were sprinklad. Social Services, Business Office The findings include: Manager, Director of Admissions, and Director of Activities will review the Observation and Interview with the maintenance findings and make recommendations director, on 9/26/16 at 1:06 PM revealed the electrical noom on the 300 hallway does not have and develop plans of action if any sprinkler coverage. areas are noted to be non-compliant. 10/28/16 Facility sprinkler blue prints show sprinkler This will occur monthly. coverage in this room. (NFPA 101, 18.3.5, 18.3.5.1, 9.7, NFPA 13, 5-1.1) This finding was verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16. K 062 i NFPA 101 LIFE SAFETY CODE STANDARD K 062 95-F Automatic sprinkler systems are continuously maintained in reliable operating condition and are inepected and tested periodically, 18.7.8, 19.7.6, 4.6.12, NFPA 13, NFPA 26, 9.7.5 This STANDARD is not met as evidenced by: dased on record review, the facility failed to ensure the aprinkler system was maintained in reliable operating condition.

The findings include:

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES		·	RINTED: 09/29/2016	
CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES	_	•	FORM APPROVED	
BTATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILOIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	· · · · · · · · · · · · · · · · · · ·	445511	EL WING)	
NAME OF	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	02/26/2016	
LIFE CA	RE CENTER OF OOL	TEWAH	*	JE11 SNOW HILL ROAD OOLTEWAH, TN 37363		
(X4) III PREFEX TAG	:((EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREPIX TAG	PROVIDER'S PLAN OF CORRECTION	\== \\ 	
K 052 SS⇒F	complete coverage Systems are source Systems are source systems. In Type I a protection measure substituted for sprin areas where State sprinkters. 18.3 5, This STANDARD I Bused on observation and include Grantical representation Sprinkler coverage. Facility sprinkler blu coverage in this roo (NFPA 101, 18.3.5, This finding was ver director and acknow and corporate durin 9/26/16. NFPA 101 LIFE SAI Automatic sprinkler meintainsit in reliable inspected and teste 4.6.12, NFPA 13, NI This STANDARD is Based on record in	of all perions of the facility. ped with waterflow and temper a connected to the fire alarm and it construction, alternative as shall be permitted to be a shall be permitted by the facility erose were sphaked. The prints show sprinter and a shall be prints show sprinter and the permitted by the maintenance wedged by the administrator of the exit conference on Systems are continuously be operating condition and are diperiodically 18.7.6, 19.7.8. TPA 25, 9.7.5. The met as evidenced by the facility failed to system was maintained in a system was maintained in	K 062	6	ound	
· [The findings include		•			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/29/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED ÓMB NO. 6838-0791 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (%) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING OT - MAIN COMPLETED 445511 B. WING 09/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP DODE 5911 SNOW HILL ROAD LIFE CARE CENTER OF COLTEWAH OOLTEWAH, TN 37383 . SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (2005) COMMPLETION SATE PREFIX TAG TAG DEFICIENCY) K062 F Continued K 082 Continued From page 2 K 062 Record review with the maintenance director, on A licensed contractor conducted the 9/26/16 at 10:33 AM revealed during the 3 year 3-year full flow trip test on the dry full flow trip test on system #2 water reached the inspectors testing location in 1 minute and 10 sprinkler system #2. Water reached the seconds. inspector's testing location in 54 (NFPA 101, 18.7.6, 4.8.12, 8.7.5, NFPA 13, seconds on 10/13/16. 4-2.4.1) This finding was verified by the maintenance A licensed contractor conducted a director and acknowledged by the administrator and corporate during the exit conference on second 3-year full flow trip test on the 9/26/16. dry sprinkler system #2. Water reached Rhe inspector's testing location in 50 seconds on 10/20/16. Based on the results of both tests, the facility has ensured the sprinkler system is maintained in reliable operating ¹condition. 10/28/16 : 2) How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken, A licensed contractor retested the required 3-year full flow drip test on the dry sprinkler system #2 and the results

FORM CMS-2567(02-88) Provious Versions Obsolote

Event ID: QDFM21

Facility (D: TN3317

confirmed the sprinkler system is maintained in reliable operating

condition on 10/13/16.

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10/28/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED MB NO. 0838-0391 CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEPICIENCIES X1) PROVIDER/SUPPLIER/CLIA (V2) MULTIPLE CONSTRUCTION KAY DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING OH - MAIN COMPLETED 445511 B. WING : 09/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5911 SNOW HILL ROAD LIFE CARE CENTER OF COLTEWAH COLTEWAR, TN 37383 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION BHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STAYEMENT OF DEFICIENCIES ID PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DCS) COMPLETION PROFIX TAG WATE **DEFICIENCY** K062 Continued K 062 Continued From page 2 K 062 3) What measures will be put into place Record review with the maintenance director, on or what systematic changes you will 9/26/16 at 10:33 AM revealed during the 3 year full flow trip test on system #2 water reached the make to ensure that the deficient inspectors testing location in 1 minute and 10 practice does not recur. seconds. (NFPA 101, 18.7.6, 4.6.12, 9.7.5, NFPA 13, The facility will utilize a licensed 4-2.4.1) contractor to complete the 3-year full This finding was verified by the maintenance flow trip test on the dry sprinkler system director and acknowledged by the administrator and corporate during the exit conference on on or before 06/09/2019, 10/28/16 9/26/16. 4) How the corrective actions(s) will be monitored to ensure the deficient practice will not recur. The Maintenance Director will present the findings of the 3-year full flow trip test on dry sprinkler system #2 to the facility Performance Improvement (PI) Committee. This committee consisting of the Executive Director, Director of Nursing, Medical Director, Director of Maintenance, Director of Rehab. Health Information Management Director, Director of Food and Nutrition Services, Director of Environmental Services, Director of Social Services, Business Office Manager, Director of Admissions, and Director of Activities will review the findings and make recommendations and develop

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PRINTED: 09/29/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 09/29/2016 CENTERS FOR MEDICARE & MEDICALD SERVICES FORM APPROVED AB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X4) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN 445611 NAME OF PROVIDER OR SEPPLISH 89/26/2016 STREET ADDRESS, CITY, STATE, ZIP DODE 5911 SNOW HILL ROAD LIFE CARE CENTER OF COLTEWAN OOLTEWAH, TN 37363 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAY OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE PREFIX PREFIX K 062 K062 F Continued Continued From page 2 K 062 Record review with the maintenance director, on plans of action if any areas are noted 9/26/16 at 10:33 AM revealed during the 3 year 10/28/16 to be non-compliant. This will occur full flow trip test on system #2 water reached the inspectors testing location in 1 minute and 10 monthly. aeconde. (NFPA 101, 18.7.8, 4.6.12, 9.7.6, NFPA 13, 4-24.1) This finding was verified by the meintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16.

Event IO: QDFM21

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